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## **PAYMENT OF FEE**

Address to: Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

|     | Application Number   | 09/887,552 -   |
|-----|----------------------|--|
| Ì   | Confirmation Number  | 5854   |
| Ì   | Filing Date          | June 21, 2001  |
| Ì   | First Named Inventor | Michael W. Leviten                                   |
| ŀ   | Examiner             | Peter Paras Jr.                                      |
| r   | Group Art            | 1632   |
|     | Title                | Transgenic Mice Containing Cerberus Gene Disruptions |
| Ī   | Attorney Docket No.  | R-67   |
| - 1 |                      |  |

Dear Mr. Paras:

In response to the notice titled "Informality Re Payment of Fee" dated July 3, 2003, Applicants hereby submit payment of the balance due associated with the response to the Office Action dated December 19, 2002, which response was filed June 19, 2003, requesting an extension of time of three (3) months. Please find enclosed a check in the amount of \$465.00, which covers the balance due. Applicants believe all outstanding fees associated with the filing of the response to the Office Action dated December 19, 2002 have been paid.

The Commissioner is hereby authorized to charge any underpayment of fees associated with this communication, or credit any overpayment, to Deposit Account No. 50-1271.

08/07/2003 DTESSEM1 00000142 09887552

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465.00 OP

Date:

Respectfully submitted, DELTAGEN, INC.

Kelly L. Quast

Registration No. 52,141

DELTAGEN, INC. 700 Bay Road

Redwood City, CA 94063 Telephone: (650) 569-5100 Facsimile: (650) 569-5280



## United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS FO. Box 1450 Alexandria, Viginia 22313-1450 www.uspio.gov

CONFIRMATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. FILING DATE APPLICATION NO. 5854 Michael W. Leviten 09/887,552 06/21/2001 07/03/2003 7590 DELTAGEN, INC. **EXAMINER** 1003 Hamilton Avenue PARAS JR, PETER lenlo Park, CA 94025 ART UNIT PAPER NUMBER 1632 DATE MAILED: 07/03/2003

Please find below and/or attached an Office communication concerning this application or proceeding.

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Address: COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

| SERIAL NUMBER FI   | LING DATE            | FIRST NAMED APPLICANT  | ATTORNEY DOCKET                    |  |
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|  |                      |  |                                    |  |
| P. C.                                      |                      | 7  | EXAMINER                           |  |
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| INFORMA  | LITY RE PAYMENT (    | OF FEE   | AILED:  AUR  CENTER GO             |  |
| The informality regarding filed 6/03   | the payment of the   | fee in connection with the origin below.   | al filing fee The americ           |  |
| A. FEE DUE   | •                    |  |                                    |  |
| The amendment is considered incomplete in that the funds in Deposit Account No |                      |  |                                    |  |
|  | as shown in the atta | plete response, in that payment of \$<br>ched Patent Application Fee Determinat                  |                                    |  |
| Account) the fee   |                      | , since applicant has failed to remit (c<br>attached Patent Application Fee Deterr<br>set below. |                                    |  |
| 4. The filing fee of \$  A balance of \$_4                                     | 1, -                 | submitted in this application is insu  | ifficient.                         |  |
| 5  | 18                   | due for additional claims.   |                                    |  |
|  |                      | EMAINDER OF THE SET PERIOD FO  |                                    |  |
| WITHIN W   | HICH TO REMIT TH     | E DATE OF THIS LETTER, WHICHEVE<br>E FEE OF \$ 40 5.00   | ER IS LONGER,                      |  |
| B. EXCESS PAYMENT:   | /HICH TO REMIT TH    | E DATE OF THIS LETTER, WHICHEVER FEE OF \$   | ER IS LONGER,                      |  |
| B. EXCESS PAYMENT:  5.  It is noted that pa                                    | /HICH TO REMIT TH    | E FEE OF \$ 46 5.08 .  is in excess of the amount necess   | sary to cover the claims now       |  |
| B. EXCESS PAYMENT:  5.  It is noted that pa                                    | WHICH TO REMIT TH    | E FEE OF \$ 46 5.08 .  | sary to cover the claims now<br>d. |  |
| B. EXCESS PAYMENT:  5.  It is noted that pa                                    | WHICH TO REMIT TH    | E FEE OF \$  | sary to cover the claims now<br>d. |  |

PTOL-319 (REV. 3-82)

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